

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002987

AMENDED

Registration District No. 273 Primary Registration District No. Registrar's No. 4

STATE FILE NUMBER

FILED JAN 18 1962

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saline TWP		Length of stay in 1b 15 Yrs.	
c. CITY OR TOWN Ste. Marys		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ste. Marys Rte #1		d. STREET ADDRESS (If outside, give location) Rte #1	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Barbara Ann Feltz		4. DATE OF DEATH Month Day Year Jan. 5 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-25-40
9. AGE (last birthday) 21		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Kaskaskia, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Vallie Buatte		13b. MOTHER'S MAIDEN NAME Irene Moll	
14. NAME OF HUSBAND OR WIFE Bobby L Feltz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Bobby Feltz Ste. Marys Rte #1, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun Shot wound 7 chest DUE TO (b) Discharged Shot Gun DUE TO (c) Corner of Perry County, Mo. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20 gauge Shot Gun wound 7 chest	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 1-5-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home Rte #1 Ste. Marys Mo.		
20f. CITY, TOWN, OR LOCATION Ste. Marys Rte #1 Perry Mo		20g. COUNTY Perry	
20h. STATE Mo			
21. I attended the deceased from Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Coroner of Perry County, Mo.		22b. ADDRESS Perryville Mo	
22c. DATE SIGNED 1-7-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-8-62	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	23d. LOCATION (City, town, or county) (State) Ste. Marys Missouri
24. FUNERAL DIRECTOR Young & Sons Perryville Mo		25. DATE RECD. BY LOCAL REG. 1-8-62	
26. REGISTRAR'S SIGNATURE Joe J. Zoellner			

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.